## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FORM PTO-875)

(FOR USE

FILING DATE

**CLAIMS** 

| IND.   DEP.      |           |  |  |  |   |              |              |  |  |
|--|-----------|--|--|--|---|--------------|--------------|--|--|
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| 13   |           | <del></del>                                      | 13   | <b>-</b>   | <del> </del>  |              |              |  |  |
| 14   |           | -{   | <del>- 22 -</del>  | <del> </del>                                     | <del> </del>  |              |              |  |  |
| 15   |           | <del></del>                                      | 127  | <del> </del>                                     | <del> </del>  | <b> </b>     |              |  |  |
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| 19   |           |  | 2  |  |   |              |              |  |  |
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| 31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2  |           | <del> </del>                                     | 13/  |  |   |              |              |  |  |
| 32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2  | 31        | 1  | (2)  |  |   |              |              |  |  |
| 34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2  | 32        |  | 15   |  |   |              |              |  |  |
| 35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2  | 33        |  |  |  |   |              | <del></del>  |  |  |
| 36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2  |           |  |  |  |   |              |              |  |  |
| 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND. 2  |           | <b> </b>   |  |  |   |              |              |  |  |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2  | 30        |  |  |  |   |              |              |  |  |
| 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND. 2  |           | <del> </del>                                     |  |  |   |              |              |  |  |
| 40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2  |           | <del>                                     </del> |  |  |   |              |              |  |  |
| 42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2<br>OTAL DEP 58   | 40        |  |  |  |   |              |              |  |  |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2<br>OTAL DEP 58   | 41        |  |  |  |   |              |              |  |  |
| 44<br>45<br>46<br>47<br>48<br>49<br>50<br>OTAL IND. 2<br>OTAL DEP 58   | 42        | <u> </u>   |  |  |   |              |              |  |  |
| 46<br>47<br>48<br>49<br>50<br>0TAL IND. 2<br>0TAL DEP 58   | 43        | <b> </b>   | <del>  </del>  |  |   |              |              |  |  |
| 46<br>47<br>48<br>49<br>50<br>0TAL IND. 2<br>0TAL DEP 58   | 44        | <del> </del>                                     | <del>  </del>  |  |   |              |              |  |  |
| 47<br>48<br>49<br>50<br>0TAL IND. 2<br>0TAL IND. 2<br>0TAL DEP 58  | 46        | <del> </del>                                     | <del>  </del>  |  |   |              |              |  |  |
| 48<br>49<br>50<br>0TAL IND. 2<br>0TAL IND. 2<br>0TAL DEP 58  | 47        | l  |  | <del></del>                                      |   |              |              |  |  |
| 49<br>50<br>0TAL IND. 2  | 48        |  | 1  |  |   |              |              |  |  |
| OTAL IND. 2 U U U U U U U U U U U U U U U U U U  | 49        | <u> </u>   |  |  |   | <del></del>  |              |  |  |
| OTAL DEP 58  | 50        |  |  |  |   |              |              |  |  |
| OTAL DEP 58  | OTAL IND. | 2  | 1  | T  | A.  |              | JL           |  |  |
| TOTAL / Laboratoria  | OTAL DEP  | 58   |  | J  |   |              | 4            |  |  |
| CLAIMS ( O U SEE SEE   | TOTAL     | 7  | DESCRIPTION OF THE PERSON OF T |  | SASTINE I   | ) i          | W. Talleria  |  |  |
|  | CLAIMS    | OU   |  |  | EXPERIENCE OF THE PERIOD OF T | <u> </u>     |              |  |  |

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|                 |                | ND.      | DEP. | . [      | IND.  | DEI  | ?. |       | DEP  |
| 51              | $\bot$         |          |      | 7        |       |  |    | 410.  | DEP.   |
| 52              |                |          |      |          |       | <del></del>                                      |    |       | <del></del>  |
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| 86              | 1_             |          | 7    |          |       |  | Γ  |       |  |
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| TOTAL IND       |                | ].       | 4    |          |       | <b>€</b>   |    |       | 4  |
| TOTAL DEP       |                |          | =    |          |       | <b>₹</b> EE                                      |    |       | 4  |
| TOTAL<br>CLAIMS | I              | 劉        |      |          |       | THE REAL PROPERTY.                               |    |       | NAME OF THE OWNER, OWNE |
| CEADES          | <u> </u>       | 120      |      |          |       | <b>ENDERS</b>                                    | L  |       |  |

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